

FORM 105

INSTRUCTIONS: Summary of returns by a taxpayer having a place of business in more than one township in Indiana. File on or before July 15 with the Department of Local Government Finance. 100 North Senate Avenue, Room N-1058
Indianapolis, Indiana 46204
Telephone: (317) 232-3773

ASSESSMENT DATE: MARCH 1, 20	_
For use by Department of Local Government Finan	се

Name of taxpayer (please type or print)							
Name under which business is conducted							
Principal office address (number and street, city, state, ZIP code)							
Address of principal office in Indiana (number and street, city, ZIP code)							
State of incorporation				Federal identification number			
Nature of business				Principal business activity code			
Business Tangible Personal Property Returns covering property owned, held, possessed, or controlled by the taxpayer have been filed as follows:							
NAME UNDER WHICH FILED	TOWNSHIP		COUNTY		TOTAL ASSESSED VALUES SHOWN ON FORM 104		
Attach separate sheet if additional space is needed.				TOTAL			
CIONATUDE AND VERIFICATION							
SIGNATURE AND VERIFICATION White the state of the state							
Under penalties of perjury, I hereby certify that this return (including accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; and reports all tangible personal property owned, held, possessed, or controlled by the named taxpayer in the stated township or taxing district on the assessment date of this return; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.							
Signature of authorized person		Please print nam	ne		Date (mo., day, yr.)		
Title	Telephone number ()						
Signature of person preparing return based on all information of which he has any knowledge							